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Bib Data Sheet

CONFIRMATION NO. 7603

SERIAL NUMBER 10/751,344	FILING OR 371(c) DATE 12/30/2003 RULE	CLASS 600	GROUP ART UNIT 3768	ATTORNEY DOCKET NO. 021356-000600US
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** CONTINUING DATA *****

KF

** FOREIGN APPLICATIONS *****

KF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **
 ** 05/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Karl Fung</i> Initials: <i>KF</i>				

ADDRESS
70353

TITLE

Articulating arm for medical procedures

FILING FEE RECEIVED 621	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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